



MEDICAL WASTE MANAGEMENT PLAN



Date _____

Generator Facility _____

Site Address _____

City _____ State _____ Zip _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone (_____) _____ Establishment No. _____

Person responsible for implementation of plan:

Name _____

Title _____ Telephone (_____) _____

Types of wastes generated:

- ☐ Laboratory wastes - specimen or microbiologic cultures, stocks of infectious agents, live and attenuated vaccines, and culture mediums.
- ☐ Blood or body fluids - liquid blood elements or other regulated body fluids, or articles contaminated with blood or body fluids.
- ☐ Sharps - syringes, needles, blades, broken glass.
- ☐ Contaminated animals - animal carcasses, body parts, bedding materials.
- ☐ Surgical specimens - human or animal parts or tissues removed surgically or by autopsy.
- ☐ Isolation waste - waste contaminated with excretion, exudate, or secretions from humans or animals who are isolated due to highly communicable diseases. (*Centers for Disease Control, Biosafety Level 4*)*
- ☐ Wastes contaminated with fixatives or chemotherapeutic agents.
- ☐ Other (Specify): _____
- ☐ Pharmaceutical wastes - California only hazardous pharmaceutical waste.

Estimate of monthly quantity generated: _____ pounds.

*Biosafety Level 4 viruses and diseases are: Congo-Crimean hemorrhagic fever, Tick-borne encephalitis virus complex (*Absetarov, Hanzalova, Hypr, Kumlinge, Kyasanur Forest disease, Omsk hemorrhagic fever, and Russian Spring-Summer encephalitis*), Marburg disease, Ebola, Junin virus, Lassa fever virus, Machupo virus.

Date _____

Establishment No. _____

Method of treatment performed on site:

☐ Incineration

☐ Autoclave

☐ Microwave

☐ Other _____

Describe the following methods used for medical waste and/or pharmaceutical wastes:

Segregation from other wastes _____

Containment or packaging procedures _____

Labeling procedures _____

Establishment No. _____ Date _____

Describe the following methods used for medical waste and/or pharmaceutical wastes:

Collection procedures _____

Storage Methods (*including duration and temperature controls*) _____

Disinfection procedures (*containers, wastes, linen*) _____

Establishment No. _____ Date _____

Describe the following methods used for medical waste and/or pharmaceutical wastes:

Treatment methods

In the event of an Emergency (*treatment system breaks down, hauler unable to pick up waste, spill, etc.*)

Medical Wastes Accepted from other Facilities

Establishment No. _____ Date _____

Medical Wastes accepted for: ☐ Consolidation ☐ Treatment

Facility Name _____

Address _____

City _____ State _____ Zip _____

Responsible person _____

Telephone (_____) _____ Establishment No. _____

Medical Wastes accepted for: ☐ Consolidation ☐ Treatment

Facility Name _____

Address _____

City _____ State _____ Zip _____

Responsible person _____

Telephone (_____) _____ Establishment No. _____

Medical Wastes accepted for: ☐ Consolidation ☐ Treatment

Facility Name _____

Address _____

City _____ State _____ Zip _____

Responsible person _____

Establishment No. _____ **Date** _____

Hazardous Waste Hauler:

Hauler Name _____

Address _____

City _____ State _____ Zip _____

Telephone (_____) _____

Contact Person _____

Treatment/Disposal Facility:

Facility Name _____

Address _____

City _____ State _____ Zip _____

Telephone (_____) _____

Contact person _____

Note: Any future changes to any of the provided information must be submitted to Division of Environmental Health Services/LEA within 30 days in the form of an updated application. [117940(d) MWMA, Small Quantity Generators] [117970 (d) MWMA, Large Quantity Generators]

I hereby certify to the best of my knowledge and belief that the statements made herein are complete and accurate.

Name _____ Title _____

Signature _____ Date _____